

1 FOCAN 1049

# NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

**FILE**

JAN 13 2004

Cathy Heller  
DEAN HELLER  
SECRETARY OF STATE

NAME ROBERT COOK

MAILING ADDRESS P.O. BOX 1176

CITY, STATE, ZIP ZEPHYR COVE, NV 89448

TELEPHONE 588-2361

LENGTH OF RESIDENCE IN NEVADA 33 yrs.

LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 33 yrs.

NRS 281.571(1)(a)

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

| Public Office              | Annual Compensation | Term or Date Appointed | ANNUAL<br>all elected and<br>appointed public<br>officers<br>(no later than Jan. 15<br>each year)<br>NRS<br>281.559(1)(b)<br>281.561(1)(b) | CANDIDATE<br>(no later than<br>the 10 <sup>th</sup> day<br>after the last day<br>to qualify as a<br>candidate)<br>NRS<br>281.561(1)(a) | APPOINTMENT<br>to fill unexpired term<br>of an elected or<br>appointed public<br>officer<br>(within 30 days)<br>NRS<br>281.559(1)(a) |
|----------------------------|---------------------|------------------------|--|--|--|
| TRUSTEE K.G.I.D.           | \$ 3600             | 1/1/2000               | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| TRUSTEE T.D. FIRE PROT. D. | \$ 3600             | 1/1/2000               | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |
|                            | \$                  |                        | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

|                      | Self                                | Household Member                    |
|----------------------|-------------------------------------|-------------------------------------|
| TEAMSTER-UPS RETIREE | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| SOCIAL SECURITY      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| DO. CO. COURT        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                      | <input type="checkbox"/>            | <input type="checkbox"/>            |

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

|      | Self                     | Household Member         |
|------|--------------------------|--------------------------|
| NONE | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <input type="checkbox"/> | <input type="checkbox"/> |

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

|      | Self                     | Household Member         |
|------|--------------------------|--------------------------|
|      | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <input type="checkbox"/> | <input type="checkbox"/> |
| NONE | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <input type="checkbox"/> | <input type="checkbox"/> |

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

| Specific Location | Particular Use |
|-------------------|----------------|
| NONE              |                |
|                   |                |
|                   |                |

List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281.571, Subsection 1(e)]:

| Donor | Value of Gift |
|-------|---------------|
| NONE  | \$            |
|       | \$            |
|       | \$            |
|       | \$            |
|       | \$            |

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 1/13/04 Signature: Robert Cook